

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0016
Date:	2-2-18
Amount Paid:	\$125 2-2-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: JOHN MOORE	Mailing Address: 1913 GREENBRIER ST. City/State/Zip: MAPLEWOOD, MN 55117	Telephone: Cell Phone: 651-278-2942
Address of Property: 46205 E. JACKSON LK RD	City/State/Zip: GRAND VIEW TWP, WI 54821	Plumber Phone: Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Contractor: CLEARY BUILDING CORP	Contractor Phone: 715-458-2233	Plumber: JEFF MALDONALD
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: Agent Mailing Address (include City/State/Zip):	Recorded Document: (i.e. Property Ownership)
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 16972	
1/4, 1/4	Gov't Lot 1	Lot(s) 752
CSM 5	Vol & Page 159	Lot(s) No. Block(s) No.
Subdivision:		
Section 33, Township 44N, Range 06 W	Town of: GRAND VIEW	Lot Size 13.8 Acreage 13.3

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 7200+ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$20,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: GRAVITY	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> POLE BLDG		<input type="checkbox"/> _____		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction: POLE BLDG	48'	30'	17' 4"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance FEB 01 2018 <input type="checkbox"/> Commercial Use Secretarial Staff	<input checked="" type="checkbox"/>	Principal Structure (first structure on property) POLE BLDG	(30 X 48)	1440
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
		Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
		Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): JOHN MOORE
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 12-12-17

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 1993 GREENBRIER ST, MAPLEWOOD, MN 55117

Attach
Copy of Tax Statement

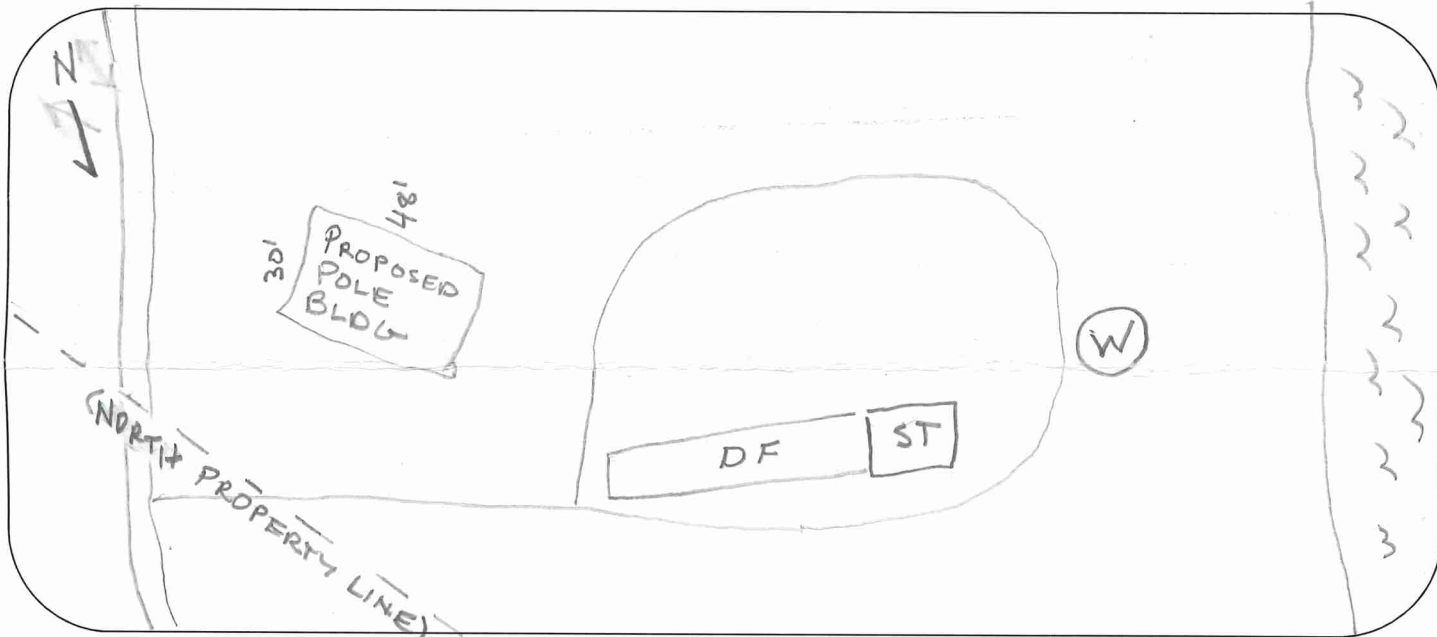
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Needs Cost of Construction. Bob needs those # every month for 2.C.

Now: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	50 Feet	Setback from the Lake (ordinary high-water mark)	200 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	80 Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	60 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60 Feet	Setback to Well	125 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 18-0016		Permit Date: 2-2-18				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)			Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created			Were Property Lines Represented by Owner			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated			Was Property Surveyed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Staked & Flagged						Zoning District (RRB)
Date of Inspection: 1/25/18						Lakes Classification (2)
Inspected by: [Signature]						Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)						
Signature of Inspector: [Signature]						Date of Approval: 1/31/18
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0016** Issued To: **John Moore**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **33** Township **44** N. Range **6** W. Town of **Grand View**

Gov't Lot Lot **1** Block Subdivision CSM# **752**

For: **Principal Structure: [1- Story; Pole Barn (30' x 48') = 1,440 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

February 2, 2018

Date